

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/913886 FILING DATE
APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.			
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	/						55					
6	3						66					
7	3						57					
8	3						58					
9	3						59					
10	3						60					
11	3						61					
12	2						62					
13	2						63					
14	2						64					
15	2						65					
16	3						66					
17	1						67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							63					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	1						TOTAL IND.					
TOTAL DEP.	28	-	-	-	-	-	TOTAL DEP.					
TOTAL CLAIMS	29	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	TOTAL CLAIMS	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS